

BUDGET/CREDIT RECOVERY CLASS REGISTRATION FORM

**COMPLETE THIS FORM TO REGISTER FOR A CLASS. A \$10 PER PERSON
REGISTRATION FEE IS REQUIRED TO RESERVE A SEAT IN THE CLASS. THE NON-
REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM. MAKE CHECKS
PAYABLE TO CCCS OF WESTERN PA.**

CCCS of Western PA, Inc.
Education Department
River Park Commons
2403 Sidney Street - Suite 400
Pittsburgh, PA 15203
Phone: (412) 390-1300

CASE NUMBER IS REQUIRED

CASE NUMBER: _____

TODAY'S DATE: _____

PLEASE PRINT

NAME: _____
last first spouse

COMPLETE MAILING ADDRESS: _____

DAYTIME TELEPHONE NUMBER: _____

EVENING TELEPHONE NUMBER: _____

NUMBER ATTENDING: _____ CLASS DATE: _____

ATTENDANCE VERIFIED: _____

REGISTRATION FEE RECEIVED _____

